

Program Eligibility List Screen

| Referral Received Date | Div Rec: Placement Provider | Div Rec: ASAM Lvl of Care/Specific Pgm | Approval Date |
|------------------------|---|---|---------------|
| 11/17/2008 | Human Services Center Adult Chemical Dependency Treatment Program - Gateway | III.7 - Adult medically-monitored intensive inpatient treatment program | 11/17/2008 |

The ADA Program Eligibility List Screen and ADA Program Eligibility Detail Screen are Provider View screens only. The above tab will only be enabled after a TNA has been submitted to the Division for requesting program approval from the “Notify Division” tab on the ASAM Recommendation Screen.

To access the “Program Eligibility Screen” click on the “ADA Pgm Elg” tab located under the ADA II top menu bar. To view a particular client’s eligibility status, the user will double click on a specific record. The Program Eligibility Screen will open and allow the user to determine the status of the client’s eligibility for services, where the services will be provided, and the payment source.

State Adm Staff can get to the ADA: Pgm Elig List screen by clicking ADA: Program Eligibility Tab.

Then click **“Add”** or **“Edit”** from the Program Eligibility List Screen, or to view a record, double click on the specific client record of interest.

Only State Level Staff can Add, Edit, Delete, or Cancel a record.

“Add” will go to the Program Eligibility Tabs Screens to Add a Client’s Program Eligibility Information.

“Edit” will go to the Program Eligibility Tabs Screens to Edit the Client’s Program Eligibility Information.

“Delete” will delete a Client’s Program Eligibility Information.

“Cancel” will take the user back to the ADA Client Search Screen.

Program Eligibility List Screen

(Policy #, Policy Holder First Name, Policy Holder, Last Name, Department, fields will only appear when the person's funding source is State Employee Insurance)

Most of the fields in the Program Eligibility Detail Screen will be pulled from other screens which the provider has already completed. Those fields include:

Counselor/Credentials, Supervising Counselor/Credentials, JCA/CSO, Jail, Charges Currently Pending, JDC, Education Level, Recommended ASAM Level of Care/Specific Pgm, Recommended Placement Provider, Recommended Placement Satellite Location, Recommended Out of State Provider, State, Emp/Unemp Status, Pregnant, EDD and Gambling Diagnosis will pull from the TNA Screen.

Client Medicaid #, DOB, Gender, Primary Race, and County of Residence will pull from the Client Info Screen.

Net Income and # in household will pull from the income eligibility screen.

Required fields to complete for all clients requesting funding:

Prior to receiving approval for funding and placement of clients for alcohol and drug services, the **Income Eligibility Screen**, will need to be completed. A release of information and other documentation, depending on the funding source, will need to be faxed to the Division at (605) 773-7076.

Referral Received Date: This is a date box which will be completed by state level staff and refers to the date the request for approval was sent to the Division. Dates can be entered with 6 digits. For example, a client was approved for services December 12, 2004. Type the date digits, 121204 and tab – the information will be reformatted to look like 12/12/2004.

Satellite Location: This is a drop down box which will be completed by state level staff and refers to the facility where the provision of services will take place. This field will be blank if a facility provides services at one site only

Status: This is a drop down box which will be completed by state level staff and refers to the status of the client's approval. If the status is on Hold, it typically means the division is missing some required piece of information. For example: a release of information has not been received at the Division. The Division will place a Hold on the client's approval until the Release of Information has been received. To find the reason for the hold, scroll down to Comments for Incomplete Documentation.

If the client's status is Active, this would indicate the client has been approved for services, and the provider can scroll down to the bottom of the screen to find where the client was approved for services, when the client was approved, what level of care the client is recommended to attend, and the funding source.

Release of information: This refers to the release of information sent to the Division of Alcohol and Drug Abuse which is signed by the client. The release of information allows the Division to discuss the client with the referring and placement facility and the funding source (such as the Department of Social Services). Once the release of information is received by the Division, State Level Staff will click on the field box labeled **Release of Information**.

Proof of Income: Refers to the Income Eligibility and Hardship/Administrative Review Screens which Division staff will need to examine prior to approval. Once state level staff has reviewed the client's income, state level staff will need to click the field box along the left side of the field labeled '**Proof of Income**'.

Required Fields for Title XIX Funding:

For Title XIX approvals, a copy of a Dr.'s Letter or Court Order must be faxed to the Division of Alcohol and Drug Abuse, (605) 773-7076. The letter or court order must state the client is recommended to obtain an alcohol and drug assessment and to follow the recommendations of the assessment. **Alternatives** to this rule would include a copy of a Managed Care Card, which fulfills the Dr.'s Letter Requirement or a court order which places the client into the custody of another state entity, such as the Department of Social Services, Department of Corrections, or Department of Human Services.

Additionally, for pregnant women, a Dr.'s Letter or similar document which verifies the client's pregnancy must be faxed to the Division at (605) 773-7076.

Once the above mentioned items are received by the Division, state level staff will complete the required fields to include:

Managed Care Card: This is a check box form field to be completed by state level staff only and if checked indicates the Division has *received* a copy of the Managed Care Card.

Doctor's Letter Received: This is a check box form field to be completed by state level staff only and if checked indicates the Division has *received* a copy of the Dr.'s Letter.

Date Received: This is a date field to be completed by state level staff only and refers to the date which the doctor signed the letter for the referral for an assessment.

Doctor's name: This is a text box to be completed by state level staff only and refers to the name of the doctor making the referral as well as the doctor's credentials.

Court Order Type: This is a text box to be completed by state level staff only and refers to the type of court order the client is to follow. Examples might include Order of Adjudication, Adjudicatory Order, and Order of Commitment to DOC, Interim Order, and Order of Probation etc.

Circuit Court: This is a drop down box to be completed by state level staff and refers to the circuit court which has jurisdiction over the client and is listed on the court order.

Court Order Date: This is a date field to be completed by state level staff only and refers to the date the court order was signed by the judge and filed. If the court order was filed on a date later than when the judge signed it, then place the date of filing in this field.

Program Eligibility List Screen (continued)

MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota

DH94 STARS TEST

Actions
Client Search
MH: Waiting List
MH: Impact
MH: Util. Rvw
Medicaid Exmpt
Providers
Unique ID Mod
Unique ID Merge
Transfers(206)
System Message
Support Tables
Utilities
Administration
Reports
About
Close

General Info **MH** **ADA I** **ADA II**

ADA TNA ADA Cont Stay Rvw ADA Pgm Elig ADA Wait List

Unique ID: 123401011950MHE Local ID: 007 First Name: James MI: Last Name: Bond
MH: Adm Date: ADA: Adm Date: 7/1/2008 Provider: Human Services Center Adult Chemical Dependency Treatment

Client's ADA: Program Eligibility Information

Program Eligibility Program Eligibilities - Extension(s) DSM Diagnosis

Comments for Incomplete Documentation:

Division Recommended ASAM Level of Care/Specific Pgm:
III.7 - Adult medically-monitored intensive inpatient treatment program

Div Recommended Placement Provider: Human Services Center Adult Chemical Dependency Treatment Div Recommended Placement Provider / Medicaid No

Div Recommended Placement Satellite Location:

Div Recommended Out of State Provider: State

Funding Source: Division Alcohol/Drug Abuse - State contract Div Approval Date: 11/17/2008 Div Approval End Date: 3/17/2009 Div Approval By: Frank Zavadil

Div Not Approved Date: Reason for Denial:

Comments:
This is a test

TNA Deficiencies:

Comments for Incomplete Documentation: If the Division does not have all the required forms, or if the Treatment Needs Assessment is missing information, or if State level staff has any questions, a message will be written here about the needed documentation prior to approving the client for services.

Division Recommended ASAM Level of Care/Specific Program: State level staff will place the recommended level of care here. This is a drop down box which lists the chemical dependency services provided in the state of South Dakota. The Division may choose to place a client in a level of care which is different from recommended by provider.

Division Recommended Placement Provider: State level staff will determine the placement provider. This is a drop down list of all the approved/accredited agencies in the state which provide chemical dependency services.

Division Recommended Placement Satellite Location: This is a drop down box which lists all satellite agencies that are connected with a main/central office. This field will be empty unless the services provided to the client will be in an office other than the main/central office. Ex: Volunteers of America, Dakotas – New Start II, VOA-D. A pregnant woman is requesting services

with the pregnant women's program. New Start II, VOA-D would fill the field for Division Recommended Placement Satellite Location.

Division Recommended Out of State Provider: State level staff will complete the text box for clients recommended to receive services out of state. The name of the Out of State Provider will be typed here.

State: This is a drop down box of every state in the Nation and will be completed by State level staff if the client will be attending an out of state facility.

Program Eligibility List Screen (continued)

The screenshot shows a web application titled "MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota". The application has a sidebar menu with options like "Client Search", "MH: Waiting List", "MH: Impact", "MH: Util. Rvw", "Medicaid Exmpt", "Providers", "Unique ID Mod", "Unique ID Merge", "Transfers(206)", "System Message", "Support Tables", "Utilities", "Administration", "Reports", "About", and "Close". The main content area is titled "Client's ADA: Program Eligibility Information" and contains several tabs: "General Info", "MH", "ADA I", "ADA II", "Program Eligibility", "Program Eligibilities - Extension(s)", and "DSM Diagnosis". The "Program Eligibility" tab is active, showing fields for "Funding Source" (a dropdown menu), "Div Approval Date" (11/17/2008), "Div Approval End Date" (3/17/2009), "Div Approval By" (Frank Zavadi), "Div Not Approved Date", "Reason for Denial", "Comments" (This is a test), "TNA Deficiencies" (None), and a table for "Date T-19 Approved" with columns for "Begin Date", "End Date", "Units Approved", "Client Medicaid #", and "Prior Authorization". At the bottom, there are buttons for "Print", "Transfer", "Save", and "Cancel".

Funding Source: This is a drop down box which lists the funding sources available to the clients in the state of South Dakota. State level staff will determine which funding source will be used and will select the source by clicking on it. That funding source will fill the field.

Division Approval Date: This is the date the Division has approved funding for services. This date will be completed by State Level staff.

Division Approval End Date: This is the date the Division has approved funding to end for services. This date will be completed by State Level staff.

Division Approval By: This is the name of the person at the state level who approved the client for services. This field will be completed by state level staff.

Division Not Approved Date: There will be times when clients will be denied funding for their services. This is determined by State level staff and will be completed by state level staff. The date of the denial will be placed here

Reason for Denial: This is a text box and will be completed by state level staff, and will give the reasoning for the denial of funding.

Comments: This is a text box for state level staff to make notes for themselves in regards to client placement or discharge.

TNA Deficiencies: This is a text box for state level staff to note deficiencies within the TNA. Examples might include comments about a lack of information in the critical life areas etc.

Date T-19 approved: This is a date box which will be completed by state level staff in regards to T-19 authorization and the date the Authorization was approved.

Begin Date: This is a date box which will be completed by state level staff and refers to the day the client's T-19 Authorization begins or the date the service begins

End Date: This is a date box which will be completed by state level staff and refers to the day the client's T-19 Authorization ends or the date the service ends.

Units Approved: This is a drop down box with numbers and refers to the number of units the client has been approved for T-19 funding. State level staff will complete this field.

Client Medicaid #: This field will be pulled from the Client information screen.

Prior Authorization: This is a text box which will be completed by state level staff and refers to the prior authorization number which the provider will use to bill Medicaid for the services provided by the facility. The code for a particular client's level of care will also be listed here. For example, a client is recommended for Level III.7 and is cannabis and alcohol dependent. **Prior Authorization:** 1002334 - W3020.

Delays in T-19 Approval: This is a text box to be completed by state level staff and refers to the reasons why T-19 funding has not been authorized. Examples might include that the client is no longer eligible for T-19 funding or the client's T-19 eligibility has ended and the family will need to go to the local Department of Social Services office and reapply for eligibility.

Print: The print button will allow the provider to print the Program's Eligibility's page for the clients file.

Transfer: This button will send the TNA and the Program Eligibility Screen to the facility that will be providing services to the client.

For example: Winner Alcohol & Drug Counseling Services have recommended a client attend inpatient treatment. The Division approves the client for inpatient treatment services at Our Home Rediscovery. Once the Division approves the request, state level staff will click the transfer button and the client's treatment needs assessment and program eligibility will be copied and transferred to the placement facility, in this case Our Home Rediscovery.

Once the information is transferred to another facility, the SD Stars system will delete the Program Eligibility and the Program Eligibility Extensions of the original provider. The Treatment Needs Assessment will stay with the original provider, as in our example, Winner Alcohol & Drug Counseling Services, but will also give a copy of the treatment needs assessment to the facility that will be providing the services, Our Home Rediscovery.

Save: Clicking on this button will save the Program Eligibility Information.

Cancel: Clicking this button will take the user back to the Program Eligibility List Screen. If the information entered on this screen is not saved prior to hitting cancel, the user will lose the information that was placed on this screen.

Alcohol and Drug Abuse: Program Eligibility - Extension(s) Screen

MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota

DH94 STARS TEST

Actions
 Client Search
 MH: Waiting List
 MH: Impact
 MH: Util. Rvw
 Medicaid Exmpt Providers
 Unique ID Mod
 Unique ID Merge
 Transfers(206)
 System Message
 Support Tables
 Utilities
 Administration
 Reports
 About
 Close

General Info
 ADA TNA
 Unique ID: 123401011950MHE Local ID: 007 First Name: James MI: Last Name: Bond
 MH: Adm Date: ADA: Adm Date: 7/1/2008 Provider: Human Services Center Adult Chemical Dependency Tr

MH
 ADA Cont Stay Rvw

ADA I
 ADA Pgm Elig

ADA II
 ADA Wait List

Client's ADA: Program Eligibility Information

Program Eligibility **Program Eligibilities - Extension(s)** **DSM Diagnosis**

Division Recommended Placement Provider
 Human Services Center Adult Chemical Dependency Treatment Program - Gateway - 5000082 Client

Placement Satellite Location:

Recommended Out of State Provider: State

| Begin Date | End Date | Extension Approval Date | Prior Auth |
|------------|------------|-------------------------|------------|
| 11/1/2008 | 11/30/2008 | 11/1/2008 | |

Add Edit Delete Cancel

Done Trusted sites

For those clients who meet the criteria for an extended stay beyond the initial stay approved by the Division, the Provider will need to submit a continuing stay review with a request for the extension. To do this, the Provider is referred to ADA Continue Stay Review section of this manual.

Once the continuing stay review is completed, the Provider will notify the Division, depending on the type of funding needed, for a request of an extension.

After the Division receives, reviews, and agrees with the request, the provider can view this information by completing the following steps:

1. Locate the client from the "Client Search Screen" and click on the "Most Recent" tab which opens the "Client Information Screen"
2. On the top menu bar of the "Client Information Screen", click on the "ADA Pgm Elg" tab which opens the "Program Eligibility List Screen" Then click on the record and click on "Edit" which opens the "Program Eligibility Screen".
3. From the "Program Eligibility Screen" click on the "Program Eligibilities – Extension (s)" tab which opens the above screen.

Again this is a Provider View screen only.

State level staff enters information on this screen by clicking "Add" or "Edit".

"Add" will take the user to the Program Eligibilities Extension(s) Detail Screen to Add an extension to the client's chemical dependency treatment.

"Edit" will go to the *selected* Program Eligibilities Extension(s) Detail Screen to Edit an extension that has already been completed on a client.

"Delete" will Delete a Client's *selected* Program Eligibilities - Extension(s).

"Cancel" will go back to the Program Eligibility List Screen.

Alcohol and Drug Abuse: Program Eligibilities Extension(s) Detail Screen

DH94 STARS TEST

Actions: [Client Search](#), [MH: Waiting List Providers](#), [Support Tables](#), [Utilities](#), [About](#), [Close](#)

Client Info: Unique ID: 323208081967MLU, Local ID: , First Name: Jack, MI: , Last Name: Flash
 MH: Adm Date: , ADA: Adm Date: 2/7/2005, Provider: Volunteers of America

Client's ADA: Program Eligibility Information

Program Eligibility: Division Recommended Placement Provider: Carroll Institute - 33333333333333333333
 Placement Satellite Location:
 Recommended Out of State Provider:
 State:

Extension Begin Date: 2/9/2005, Extension End Date: 3/9/2005, Extension T-19 Approval Date:
 Extension Prior Auth:

Cancel

To get to the Program Eligibilities – Extensions detail screen click **“Add”** or **“Edit”** on the Program Eligibilities Extension(s) List Screen.

This is a Provider View screen only.

Division Recommended Placement Provider: This field is pulled from the “Program Eligibility Screen” and is shadowed and indicates the facility which the client’s extension is being approved.

Placement Satellite Location: This field is pulled from “Program Eligibility Screen” and shadowed. If the field is blank, then the facility does not have a satellite location. If the field is occupied, it indicates the client is being approved for the satellite location of the Division Recommended Placement Provider.

Recommended Out of State Provider: This field is pulled from “Program Eligibility Screen” and will be shadowed. It indicates the name of the provider if it is located outside of South Dakota.

State: This field will be shadowed and indicates which Out of State facility is providing services, if the client is approved for out of state chemical dependency treatment.

Extension Begin Dates: This is a date field which is completed by state level staff and indicates the begin extension date for the client.

Extension End Date: This is a date field which is completed by state level staff and indicates the end extension date for the client.

Extension T-19 Approval Date: This is a date field which is completed by state level staff and indicates the date the extension was approved by the division.

Extension Prior Auth: This is a text box which is completed by state level staff and will have the prior authorization assigned to the client for the particular service, as well as the total units of service, and the code it will be billed under such as Code W3020.

Command Buttons – **“Save”** will save the Client’s Program Eligibilities Extension(s) information. **“Cancel”** will take you back to the Program Eligibilities Extension(s) List Screen.

Alcohol and Drug Abuse: DSM Diagnosis Screen

The screenshot shows the DH94 STARS MainMenu Frameset in Microsoft Internet Explorer. The left sidebar contains a menu with options like Client Search, MH: Waiting List, MH: Impact, MH: Util. Rvw, Medicaid Exmpt, Providers, Unique ID Mod, Unique ID Merge, Transfers(206), System Message, Support Tables, Utilities, Administration, Reports, About, and Close. The main content area is divided into tabs: General Info, MH, ADA I, and ADA II. Under the ADA I tab, there are sub-tabs: ADA TNA, ADA Cont Stay Rvw, ADA Pgm Elig (selected), and ADA Wait List. The ADA Pgm Elig tab shows client information: Unique ID: 123401011950MHE, Local ID: 007, First Name: James, MI: , Last Name: Bond, MH: Adm Date: , ADA: Adm Date: 7/1/2008, and Provider: Human Services Center Adult Chemical Dependency Tr. Below this is the 'Client's ADA: Program Eligibility Information' section, which includes a table for DSM Diagnosis. The table has columns for DSM Diagnosis, Specifier 1, and Specifier 2. The data row shows: Nicotine Dependence 305.10, With Physiological Dependence, and Actively Using (Use in last 30 days). Below the table are buttons for View and Cancel.

The DSM Diagnosis Screen is a **view screen only**. To get to it click the **“DSM Diagnosis”** Tab under the main **ADA Pgm Elig** Tab.

Command Buttons –

“View” will go to the DSM Diagnosis Detail Screen to View the Client’s DSM Diagnosis Information.

“Cancel” will go to the Program Eligibility List Screen.

DSM Diagnosis Detail Screen

The screenshot shows the DH94 STARS MainMenu Frameset in Microsoft Internet Explorer. The left sidebar is the same as the previous screenshot. The main content area is divided into tabs: General Info, MH, ADA I, and ADA II. Under the ADA I tab, there are sub-tabs: ADA TNA, ADA Cont Stay Rvw, ADA Pgm Elig (selected), and ADA Wait List. The ADA Pgm Elig tab shows client information: Unique ID: 123401011950MHE, Local ID: 007, First Name: James, MI: , Last Name: Bond, MH: Adm Date: , ADA: Adm Date: 7/1/2008, and Provider: Human Services Center Adult Chemical Dependency Tr. Below this is the 'Client's ADA: Program Eligibility Information' section, which includes a table for DSM Diagnosis. The table has columns for DSM Diagnosis, Specifier 1, and Specifier 2. The data row shows: Nicotine Dependence 305.10, With Physiological Dependence, and Actively Using (Use in last 30 days). Below the table is the 'As Evienced by Psychoactive Substance Dependence:' section, which includes a list of criteria with checkboxes. The criteria are: A need for markedly increased amounts of the substance to achieve intoxication or desired effect, Markedly diminished effect with continues use of the same amount of the substance, Withdrawal as manifested by either of the following (The characteristic withdrawal syndrome for the substance, The same or closely related substance is taken to relieve or avoid withdrawal symptoms), The substance is often taken in larger amounts or over a longer period than was intended, There is a persistent desire or unsuccessful efforts to cut down or control substance use, A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recovering from its effects, Important social, occupational, or recreational activities are given up or reduced because of substance use, and The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance. Below this is the 'Additional Signs/Symptoms:' section, which includes a text area. At the bottom is the 'As Evienced by Psychoactive Substance Abuse:' section, which includes a text area.

To get to the DSM Diagnosis Detail Screen, which is a view screen only, click the DSM Diagnosis List screen. Select a specific diagnosis and click **“View”**.

“Cancel” will take you back to the DSM Diagnosis List Screen.

If the provider wishes to change the DSM Diagnosis, then you will need to click on the **ADA TNA** tab, and select the **DSM Diagnosis** tab. If the ADA TNA has already been sent to DHS, then the user can **update** the TNA or contact state level staff to **Edit** the existing TNA. To update or edit the ADA TNA, refer to the TNA section of the manual.

